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| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |          |        |                          |        |                           |        | Application Number<br><div style="font-size: 1.2em; font-family: cursive;">10/071166</div> |        | Filing Date |        |       |        |
|--|----------|--------|--------------------------|--------|---------------------------|--------|--|--------|-------------|--------|-------|--------|
|  |          |        |                          |        |                           |        | Applicant(s)   |        |             |        |       |        |
| * May be used for additional claims or amendments  |          |        |                          |        |                           |        |  |        |             |        |       |        |
| CLAIMS   | AS FILED |        | AFTER FIRST<br>AMENDMENT |        | AFTER SECOND<br>AMENDMENT |        | *  |        | *           |        | *     |        |
|  | Indep    | Depend | Indep                    | Depend | Indep                     | Depend | Indep  | Depend | Indep       | Depend | Indep | Depend |
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| Claims   |          |        |                          |        |                           |        |  |        |             |        |       |        |

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|--|----------|--------|-----------------------|--------|------------------------|--------|--|--------|-------------|--------|-------|--------|
|  |          |        |                       |        |                        |        | Applicant(s)   |        |             |        |       |        |
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| CLAIMS   | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        | *  |        | *           |        | *     |        |
|  | Indep    | Depend | Indep                 | Depend | Indep                  | Depend | Indep  | Depend | Indep       | Depend | Indep | Depend |
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| Claims   |          |        |                       |        |                        |        |  |        |             |        |       |        |

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